



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation
INSURANCE DIVISION
233 Richmond Street, Suite 233
Providence, RI 02903 – 4233
Telephone No. (401) 222-2223
www.dbr.state.ri.us

FAX No. (401) 222-5475
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INSTRUCTIONS FOR INDIVIDUAL MOTOR VEHICLE DAMAGE APPRAISER LICENSE APPLICATION

1. Before the submitting the Application for Resident and Nonresident Individual Motor Vehicle Damage Appraiser License (“Individual Motor Vehicle Damage Appraiser License Application”), the applicant must take the appropriate examination offered by Promissor. For more information, you may visit the website at www.promissor.com or call 1-800-274-3739.
2. After passing the examination, the applicant may then apply to the Department for a Rhode Island Motor Vehicle Damage Appraiser license.
3. The applicant must attach the “original passed” exam results issued by Promissor. The applicant’s “passed” test results are only valid for one (1) year.
4. Complete all questions on the Individual Motor Vehicle Damage Appraiser License Application.
5. Fees:
 - ☐ \$50.00 Application fee (first time applicants only)
 - ☐ \$100.00 License fee

Licenses expire on August 31, 2007 and are based on a two-year (2) license. The license expiration date will not change regardless of when the license is issued.

NOTE: Individuals and business entity licenses expire at the same time.

The application fee and license fee must be separate checks.

Checks are made payable to: ***General Treasurer, State of Rhode Island***

NOTE: The Application Fee and License Fee are non-refundable. If an Applicant does not complete the Application process within sixty (60) days, the Department will notify the Applicant by mail. The Applicant will then be required to resubmit a new application, application fee, license fee and other requirements.

6. Employment Affidavits: Applicants need to complete an affidavit that matches their current employment status. Please review the following list of Employment Affidavits for the one (1) that matches your current employment status. The Employment Affidavits are available on the Department's website at www.dbr.state.ri.us.

Applicants are exempt from completing one (1) of the Employment Affidavits, if they are currently employed by an Insurance Company. If not, one (1) of the following Affidavits should be attached to the application.

Appropriate Affidavit Regarding Employment:

- (i) Applicant who works at an automobile body repair shop but does not have an automobile body repair license.
Visit the Department website and click on: (Aff1)
 - (ii) Applicant who does not plan to use Motor Vehicle Damage Appraiser license immediately and does not work at automobile body repair shop.
Visit the Department website and click on: (Aff2)
 - (iii) Applicant who does not have an automobile body repair shop license and does not work at an automobile body repair shop.
Visit the Department website and click on: (Aff3)
 - (iv) Applicant who does not plan to use Motor Vehicle Damage Appraiser license immediately and works at an automobile body repair shop.
Visit the Department website and click on: (Aff4)
7. Applicant must have a permanent established business address available to the general public during normal business hours. See R.I. Gen. Laws § 27-10.1-3.
8. Criminal Background Checks Required:
- ❑ All Rhode Island residents must complete and attach the Waiver Form for Criminal Background Check.
 - ❑ All **Nonresidents** are required to take the Rhode Island exam. They are also required to furnish a state wide certified Criminal Background Check Report and should be obtained from their home state (i.e., State Police or Office of the Attorney General). This report must be done by a state agency of your home state **OR** ChoicePoint or General Information Services, Inc. ChoicePoint (1-877-547-2518) and General Information Services, Inc. (1-888-333-5696) are vendors that provide criminal background information; and the RI Insurance Division has approved the report that is generated. If you cannot obtain a criminal background report, the RI Insurance Division

is unable to license you as a motor vehicle damage appraiser. For more information, you may visit their website at www.choicepoint.com or www.geninfo.com.

- ❑ All Massachusetts residents must complete a CORI request form. Call the Rhode Island Insurance Division for the CORI form. This form must be submitted to the Rhode Island Insurance Division. Please see our website at www.dbr.state.ri.us for a copy of the CORI form. The RI Insurance Division will obtain the Massachusetts Criminal Background information for all Massachusetts resident applicants.
 - ❑ All New York resident applicants should call the RI Insurance Division to obtain the New York Fingerprint Card, envelope, instructions and fee information. The Fingerprint Card must be returned to the N.Y.S. Division of Criminal Justice Services (use the green envelope provided by the Insurance Division) along with NY specified processing fee. The Criminal Justice Service will process the card and the information provided will be mailed directly to the Rhode Island Insurance Division.
9. If you have moved to Rhode Island from another state and you currently have or previously held a Motor Vehicle Damage Appraiser license in your former resident state, provide a Letter of Clearance from that state.
10. If you previously held a Rhode Island Motor Vehicle Damage Appraiser license: If your license was cancelled or has expired over one-year, the individual is required to submit a new application. See the Promissor Candidate Handbook and the Content Outlines or visit the Department's website at www.dbr.state.ri.us.
11. Mail the completed Individual Motor Vehicle Damage Appraiser License Application, fees and all other documentation to:
- Department of Business Regulation
Insurance Division
233 Richmond Street, Suite 233
Providence, RI 02903-4233*
12. It is the responsibility of the licensee to notify the Insurance Division of all name and/or address changes. All licenses and renewals will be mailed to the applicant's mailing address.
13. If you have any questions regarding the Individual Motor Vehicle Damage Appraiser License Application, the licensing process for an Motor Vehicle Damage Appraiser license, or the instructions, call the Insurance Division at 401-222-2223 or visit our website.
14. Prior to appraising , applicants should check the status of his/her/its license on the Department website at www.dbr.state.ri.us.

15. **APPLICANTS ARE ENCOURAGED TO USE THE ELECTRONIC LICENSING PROCESS.** To apply online, applicants should visit www.licenseregistry.com. For questions relating to the online process, applicants should call the National Association of Insurance Commissioners (NAIC) Helpdesk at 816-783-8500.

CHECK LIST FOR THE APPLICATION PROCESS:

- ☐ *Separate checks for application fee and license fee.*
- ☐ Complete application.
- ☐ The “original passed” exam results issued by Promissor
- ☐ The required criminal background check:
 - R.I. Waiver form (for Rhode Island residents), if applicable.
 - CORI (for Massachusetts residents), if applicable.
 - Fingerprint cards (for New York residents), if applicable.
 - Original home state background check (for other nonresident applicants) or criminal background report generated by ChoicePoint, if applicable.
- ☐ Letter of Clearance, if applicable.
- ☐ Employment Affidavit, if applicable (*the applicant is required to choose the affidavit that matches his/her employment*).

Nonresidents (*that do not reside in a reciprocal state*) that are required to take the Rhode Island exam must also furnish a state wide certified Criminal Background Check Report to be obtained from their home state (i.e., State Police or Office of the Attorney General). This report must be done by a state agency of your home state **OR** ChoicePoint or General Information Services, Inc. ChoicePoint (1-877-547-2518) and General Information Services, Inc. (1-888-333-5696) are vendors that provide criminal background information; and the RI Insurance Division has approved the report that is generated. If you cannot obtain a criminal background report, the RI Insurance Division is unable to license you as an insurance claims adjuster. For more information, you may visit their website at www.choicepoint.com or www.geninfo.com.

Application for Resident and Non-Resident
INDIVIDUAL MOTOR VEHICLE DAMAGE APPRAISER LICENSE
(Please Print or Type)

Please check: RESIDENT _____ NON-RESIDENT _____

① Soc. Security Number - -		② If assigned, National Producer Number (NPN)	
③ If applicable, NASD Individual Central Registration Depository (CRD) Number		④ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>	
⑤ Last Name JR./SR. etc		⑥ First Name	⑦ Middle Name
⑧ Date of Birth (month) ____ (day) ____ (year) ____			
⑨ Residence/Home Address (Physical Street)		⑩ P.O. Box	⑪ City
⑫ State	⑬ Zip Code	⑭ Foreign Country	
⑮ Home Phone Number () -		⑯ Gender (Circle One) Male Female	⑰ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S)
⑱ Business Entity Name			
⑲ Business Address (Physical Street)		⑳ P.O. Box	㉑ City
㉒ State	㉓ Zip Code	㉔ Foreign Country	
㉕ Business Phone Number () -		㉖ Business Fax Number () -	㉗ Business E-Mail Address
㉘ Business Web Site Address			
㉙ Applicant's Mailing Address		㉚ P.O. Box	㉛ City
㉜ State	㉝ Zip Code	㉞ Foreign Country	
㉟ List any assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business. b. List any trade names under which you are currently doing business or intend to do business.			

Agency or Business Entity Affiliations

㊱ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

Employment History

㊲ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

	From Month	Year	To Month	Year	Position Held
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					

Background Information

38 The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ___ Yes ___ No ___

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ___ Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include individual bankruptcies that involve funds held on behalf of others. Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage that is currently subject to a repayment agreement or are you subject to a child support related subpoena/warrant? Yes ___ No ___

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

Applicants Certification and Attestation

39. The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining applicant's qualification for licensure.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

SEE APPLICATION INSTRUCTIONS AND CHECKLIST.

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